

# ***Notice of Privacy Practices for CHIP Members***

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Montana Children's Health Insurance Plan (CHIP) provides health coverage for low-income children who are not eligible for Medicaid and are not covered under a contract for health insurance. The Montana Department of Health and Human Services self funds CHIP and contracts with Blue Cross Blue Shield of Montana (BCBSMT) for third party administrative services.

We recognize the importance of maintaining the confidentiality and security of your protected health information. Whether it is your medical information or personally or identifiable information (such as your name, address, phone number, or member identification number), we maintain safeguards to protect you against unauthorized access, use, or disclosure.

We are required by law to maintain the privacy of your protected health information and to provide you with this notice of our legal duties and privacy practices with respect to protected health information. We hope that this notice will clarify our responsibilities to you and provide you with an understanding of your rights. We will abide by the terms of the notice currently in effect.

This notice is effective October 1, 2006



Children's Health Insurance Plan

## ***Permitted Uses and Disclosures of Your Protected Health Information Without an Authorization***

In administering CHIP, BCBSMT or we may use and disclosure your protected health information in a number of ways. The following examples list some of the uses and disclosures we are permitted by law to make without your authorization:

**Treatment.** We may use or disclose your protected health information to health care providers (such as doctors, hospitals or pharmacists) in order for them to provide treatment or services to you. We may also disclose your protected health information to health care providers in our effort to provide you with preventive health, early detection, and case management programs.

**Payment.** We may use or disclose your protected health information to:

- Pay claims
- Determine your eligibility for benefits
- Coordinate benefits, care, or other services
- Determine medical necessity, care appropriateness, or charge justification
- Issue Explanations of Benefits (EOBs)

**Health Care Operations.** We may use or disclose your protected health information in connection with our health care operations. Examples of health care operations include, but are not limited to:

- Quality assessment and improvement activities
- Case management
- Reviewing the competence or qualifications of health care providers
- Fraud and abuse detection and compliance programs
- Performance measurement and outcome assessments
- Responses to inquiries, complaints, appeals, or external reviews
- Business planning and development
- Creating de-identified protected health information or limited data sets
- Training our employees and/or Business Associates when other methods are not available

**Health Related Services.** We may provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. These health related products or services may be available only to a CHIP member that add value to but are not part of, a benefit plan.

**Payment and Health Care Operations of Other Covered Entities.** We may use or disclose your protected health information to another covered entity for its payment purposes. We may also use or disclose your PHI to another covered entity for purposes of its health care operations if the other covered entity has or had a relationship with you. For example, we may facilitate payment of services under another health plan.

**Business Associates.** We contract with individuals and other entities (Business Associates) to perform various functions on our behalf or to provide certain types of services. To perform these services, Business Associates may receive, create, maintain, use, or disclose protected health information, but only if the Business Associate has agreed in writing to safeguard your protected health information. For example, we may disclose your protected health information to a Business Associate to provide claim processing or case management. Our Business Associates cannot use or disclose your protected health information in any manner that we cannot use or disclose your information.

### ***Additional Uses Or Disclosures Permitted Without an Authorization***

**Required by Law.** We may use or disclose your protected health information as required by state or federal law, including disclosing your protected health information to you.

**Health Oversight Activities.** We may disclose your protected health information to a health oversight agency for activities authorized by law such as audits, investigations, inspections, licensure, or disciplinary actions, or civil, administrative, or criminal proceedings or actions. Examples of oversight agencies include the U.S. Department of Health and Human Services, the U.S. Department of Labor, and the U.S. Food and Drug Administration.

**Legal Proceedings.** We may disclose your protected health information in the course of any judicial or administrative proceeding, in response to a court order or administrative tribunal, or in response to a subpoena, discovery request, or other lawful process.

**Public Health Activities.** We may use or disclose your protected health information to an authorized authority for public health activities that are permitted or required by law. For example, we may use or disclose information for the purpose of preventing or controlling disease, injury, or disability.

**Abuse, Neglect or Domestic Violence.** We may disclose your protected health information to a government authority concerning abuse, neglect, or domestic violence.

**Law Enforcement.** We may disclose your protected health information to law enforcement officials for law enforcement purposes. For example, disclosures may be made in response to a warrant or subpoena or for the purpose of identifying or locating a suspect, witness, or missing person or as necessary to provide information concerning victims of crimes.

**Coroners, Medical Examiners, Funeral Directors, and Organ Donation.** We may disclose your protected health information, in certain circumstances, to a coroner or medical examiner during their investigations. We may also disclose protected health information to funeral directors to carry out their duties. Further, we may disclose your protected health information to organizations that handle donations of organs, eyes, or tissue and transplantations. For example, if you are an organ donor, we can release records to an organ donation facility.

**Research.** We may use or disclose your protected health information for research purposes when certain established measures are taken to protect your privacy. For example, we may disclose protected health information to a teaching university to conduct medical research.

**To Prevent a Serious Threat to Health or Safety.** We may use or disclose your protected health information to the extent necessary to avoid a serious and imminent threat to your health or safety or to the health or safety of others.

**Military Activity and National Security.** We may disclose your protected health information to armed forces personnel under certain circumstances (e.g., for active duty, at separation of or termination from active duty, for veterans administration, and for foreign service personnel), and to authorized federal officials for national security and intelligence activities.

**Correctional institutions.** If you are an inmate, we may disclose your protected health information to your correctional facility to help provide your health care or to ensure the safety of yourself or others.

**Workers' Compensation.** We may use or disclose your protected health information as required by workers' compensation laws.

***Disclosures of Your Protected  
Health Information with  
Your Informal Permission or  
Authorization***

**Others Involved in Your Health Care.** If you give us verbal permission or if your permission can be implied, for example, during an emergency and while you are unconscious, we may disclose information to a family member or others who call on your behalf. The kind of information we will disclose in such a circumstance is the status of your enrollment or of a claim, amount paid, and payment date. We will not disclose medical information such as diagnosis without a written authorization.

**Authorizations.** You may give us written authorization to use your protected health information or to disclose it to anyone for any other purpose. Authorizations are valid for up to two years unless you indicate otherwise. You may revoke an authorization at any time, but a revocation will not affect any use or disclosure permitted by the authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your protected health information for any reason except those described in this notice.

## ***Your Rights***

**Right to Inspect and Copy.** You have the right to look at or get copies of your protected health information contained in a “designated record set” with limited exceptions. A designated record set is a group of records that are used to administer your health benefits. This includes enrollment, claims adjudication, or case or medical management records. To exercise your right, you must submit your request in writing to the Privacy Office at the address listed at the end of this notice or you may obtain a form to complete by calling the phone number at the end of this notice. If you prefer, we will prepare a summary of this information. We may charge you a reasonable cost-based fee for costs associated with your request.

**Right to Amend.** You have the right to ask us to amend any protected health information contained in a designated record set if you believe it is incorrect or incomplete. Your request must be in writing and sent to the Privacy Office at the address provided in this notice. Additionally, your request should include the reason the amendment is necessary.

We do not amend records in the following circumstances:

- We do not have the information you requested.
- We did not create the records you want amended.
- We have determined the records are accurate and correct.
- The records are covered by the Federal Clinical Laboratory Improvement Act.
- The records have been compiled in anticipation of a civil, criminal, or administrative action or proceeding.

**Right to an Accounting.** You have a right to an accounting of certain disclosures of your protected health information that are for reasons other than treatment, payment, health care operations, or disclosures which are not otherwise authorized by you. You should know that most disclosures of protected health information are for treatment, payment, health care operations, or by your authorization. An accounting will include the date(s) of the disclosure, to whom we made the disclosure, a brief description of the information disclosed and the purpose of the disclosure.

Your request for an accounting must be submitted in writing to the Privacy Office at the address listed in this notice. If you request an accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for the additional requests.

The requirement that we provide you with information about the times we have disclosed your protected health information applies for six years from the date of the disclosure. This applies only to disclosures made after April 14, 2003.

**Right to Request a Restriction.** You have the right to request a restriction on the protected health information we use or disclose about you for payment or health care operations. We are not required to agree to any restriction that you may request. If we do agree to the restriction, we will comply with the restriction unless the information is needed to provide emergency treatment to you.

Your request for restriction must be submitted in writing to the Privacy Office address listed in this notice.

**Right to Request Confidential Communication.** You have the right to request confidential communication of your protected health information if you believe that a disclosure of all or part of your protected health information may endanger you. We will make every effort to accommodate your request if it is reasonable and you provide an alternate manner or location for receiving our communications.

Although we may agree to confidential communications, you should know that accumulated deductibles and copayments may appear on the member Explanation of Benefits, which may contain sufficient information to reveal that you obtained health care services.

You may exercise your right to confidential communication by contacting the Privacy Office address listed in this notice. For our records, we will need your request in writing.

**Right to a Paper Copy of this Notice.** If you view this notice on our website or receive it by e-mail, you have a right to a paper copy of this notice.

**Right to File a Complaint.** You have the right to file a complaint if you think DPHHS or BCBSMT may have violated your privacy rights, or you disagree with a decision we made about access to your protected health information. You may file a complaint by:

1. Filing a written complaint with DPHHS at:  
Privacy Office  
Montana Dept. of Health and Human Services  
PO Box 202960  
Helena, MT 59620-2960  
1-800-645-8408
2. Notifying the Secretary of the U.S. Department of Health and Human Services (HHS).

Please be assured that we will not take retaliatory action against you if you file a complaint about our privacy practices.

### ***Future Changes***

Although we follow the privacy practices described in this notice, you should know that we may change our privacy practices at any time. For example, if privacy laws change, we will change our practices to comply with the law. Should this occur:

- We will send a new notice to you prior to making a significant change in our practices; and
- The changes will apply to all protected health information we have in our possession, including any information created or received before we changed the notice.